

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/05/2016
NAME OF PROVIDER OR SUPPLIER TIMBERCREEK REHAB & HEALTHCARE CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET PEKIN, IL 61554		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.625k) 300.625n) Section 300.625 Identified Offenders k) The facility shall incorporate the Identified Offender Report and Recommendation into the identified offender's care plan. (Section 2-201.6(f) of the Act) n) The facility shall evaluate care plans at least quarterly for identified offenders for appropriateness and effectiveness of the portions specific to the identified offense and shall document such review. The facility shall modify the care plan if necessary in response to this evaluation. The facility remains responsible for continuously evaluating the identified offender and for making any changes in the care plan that are necessary to ensure the safety of residents. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to develop a care plan to address a resident's identified offender status for two of 24 residents (R11 and R19) reviewed for care plan accuracy in the sample of 24. FINDINGS INCLUDE:	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>1. An Identified Offender Report dated 11/23/16 states that R11 is a low risk offender with a conviction for child endangerment.</p> <p>R11's careplan dated 05/03/16 does not have any concerns, goals or interventions to ensure the safety of all residents.</p> <p>On 8/02/16 at 1:38 P.M. E4 (Licensed Practical Nurse/Care Plan Coordinator) confirmed that no identified offender careplan was in R11's medical record. E4 stated "they are supposed to (have an Identified Offender careplan)."</p> <p>2. An Identified Offender Reporting Form dated 8/1/16 documents R19 is a low risk identified offender with a criminal conviction for domestic battery in 10/27/2000.</p> <p>R19's care plan does not include an identified offender comprehensive plan of care with interventions for the provision of care for R19 or the precautions the facility will take to ensure the safety of all other residents in the facility.</p> <p>On 8/2/16 at 1:38p.m. E4 (Minimum Data Set Coordinator) verified R19 does not have a comprehensive plan of care with interventions for the provision of care and precautions to ensure the safety of all other residents in the facility. E4 stated, "There should be."</p> <p>(AW)</p> <p>300.670e) 300.670k) 300.670l)</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Section 300.670 Disaster Preparedness</p> <p>e) The facility shall provide for the evacuation of physically handicapped persons, including those who are hearing or sight impaired.</p> <p>k) Coordination with Local Authorities</p> <p>1) Annually, each facility shall forward copies of all disaster policies and plans required under this Section to the local health authority and local emergency management agency having jurisdiction.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to develop a fire/disaster plan of evacuation for bariatric residents. This failure has the potential to affect four of four bariatric residents (R4, R11, R24, R26) in a sample of 24, and five bariatric residents (R15, R40, R41, R42, R43) on the supplemental sample.</p> <p>Findings include:</p> <p>A Resident Roster dated 8/2/16 documents the facility has nine bariatric residents, eight of whom currently weigh between 280 lbs (pounds) and 453 lbs. The ninth resident (R42) is marked as having refused attempts to obtain a recent weight, but has a previous weight recorded on R42's Minimum Data Set (MDS) assessment dated 11/15/14 as 523lbs. The resident roster also documents that five of these bariatric residents (R11, R24, R26, R41, R43) reside down each of the four hallways on the B wing of the facility with the remaining four residents (R4, R15, R40, R42) residing on two of the four C wing</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>hallways.</p> <p>On 8/2/16 at 11:40a.m. E1 (Administrator) verified the facility has nine bariatric residents. E1 stated only two of those residents (R4, R26) are more limited in mobility and never get out of bed. E1 stated the bariatric beds do not fit through the doorways of the residents' rooms so in an emergency staff will have to place bariatric residents on a blue plastic sliding sheet, pull them off the bed, and drag them out of the facility. E1 stated if staff are unable to drag a bariatric resident out of their room, "We close their door and put a pillow in front of it to indicate to the Fire Department that a person needs extra assistance." E1 stated the facility has a Disaster Plan which includes how the residents will be evacuated in the event of an emergency. E1 stated a copy of the emergency plan was provided to the local emergency management services and the local ambulance service to help them prepare for such emergencies.</p> <p>On 8/2/16 at 12:20p.m. R11 was laying in bed with a specialized high back wheelchair in R11's room. R11 stated R11 requires extensive assistance of two people using a mechanical lift to transfer R11 out of bed. R11 also stated R11 is unable to self propel while in the wheelchair.</p> <p>R4's Minimum Data Set (MDS) assessment dated 10/23/15 documents that R4 was totally dependent on staff for transfers, and did not walk during the seven day look back period of the assessment. R4's MDS dated 5/9/16 documents R4 did not get out of bed during the seven day look back period.</p> <p>On 8/3/16 at 10:30a.m. E5 (Licensed Practical Nurse) stated R26 is a bariatric resident on the</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>hallway E5 is regularly assigned to. E5 stated R26 requires the assistance of two people using a mechanical lift to transfer R26 out of the bed. E5 stated R26 is considered very mobile once R26 is transferred into the wheelchair. E5 stated that during an emergency evacuation E5 would have to try to pull R26 from the bed using a blue plastic sliding sheet and drag R26 out of the building. E5 stated, "I think two people can do it," but has never tried it.</p> <p>On 8/3/16 at 11:45a.m. R26 was being transferred from the bed to the wheelchair using a mechanical lift. R26 appeared morbidly obese and had a left lower extremity amputation. R26's medical record documents a current weight of 448lbs. R26 stated R26 is unable to get out of bed without the assistance of two people and a mechanical lift. R26 stated R26 is able to be mobile throughout the facility using a motorized wheelchair. At 11:55a.m. R26 was transferred from the bed to the wheelchair using total assistance of two people and a mechanical lift device. The transfer took approximately seven minutes.</p> <p>On 8/2/16 at 12:40p.m. E21 (Certified Nurse Aide/CNA) stated the facility had an emergency evacuation drill a few weeks ago. E21 stated all residents were evacuated except the bariatric residents. E21 stated staff are suppose to put a blue plastic sliding sheet or a bath blanket under the bariatric residents then pull them from the bed and drag them out of the facility. E21 stated, "I think the sheets are kept in the laundry," but E21 was not sure.</p> <p>On 8/3/16 at 1:35p.m. E19 (LPN) stated she is R42's regular nurse. E19 stated R42 refuses to get out of bed for any reason except to go to the</p>	S9999			

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S9999	<p>Continued From page 5</p> <p>hospital. E19 stated R42 weighed close to 500lbs when R42 was first admitted to the facility in 2014. E19 also stated E19 is sure R42 weighs more now. E19 stated the when R42 needs to go to the hospital, E19 calls for an ambulance and tells them R42 is a bariatric resident who requires a bariatric stretcher. E19 stated that the ambulance company always brings two fire department crews to assist with transferring R42. E19 stated the ambulance company gets upset if E19 does not call them in advance so they can obtain a bariatric sized stretcher from a neighboring town prior to coming to the facility. E19 stated a blue plastic sliding sheet is kept in R42's closet in case there is an emergency evacuation. E19 was not certain E19 could pull R42 off the bed and drag to safety. E19 stated R42 would probably have to be left for last during an evacuation.</p> <p>A manufacturer's information sheet for the blue plastic sliding sheet (undated) provided by E1 states it is used when residents need, "to be moved laterally from one surface to another..." The information sheet does not indicate the blue plastic sliding sheet can be used to drag a resident out of the facility.</p> <p>The facility's Disaster Plan dated 3/22/16 gives its stated purpose, "To... outline actions to be taken to protect life, provide patient care and protect property in this facility during man-made and natural disaster situations...The safety and the lives of the residents and staff of this facility depend upon the knowledge and reaction of all personnel in a fire situation." The disaster plan does not include a plan for how to evacuate bariatric residents whose beds do not fit through the doors. The disaster plan also does not include a plan for using the blue plastic sliding</p>	S9999		

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S9999	Continued From page 6 sheet to pull bariatric residents to the floor and drag out of the building, or how many people would be required to do this. The disaster plan does not include information for emergency rescuers indicating staff will place pillows in front of the doors of bariatric residents they are unable to drag to safety to indicate those residents are still in their rooms. On 8/4/16 at 2:00p.m. E1 verified the facility's disaster plan, which was submitted to the local emergency management services, fire department, and ambulance service, does not indicate that the facility has bariatric residents or how the facility plans to evacuate them. (B)	S9999			